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Bib Data Sheet

CONFIRMATION NO. 7258

<b>SERIAL NUMBER</b> 09/822,728	<b>FILING OR 371(c) DATE</b> 03/30/2001 <b>RULE</b>	<b>CLASS</b> 607	<b>GROUP ART UNIT</b> 3762	<b>ATTORNEY DOCKET NO.</b> 20000389.CIP
<b>APPLICANTS</b> Bradley J. Wessman, Maple Grove, MN; Peter J. Pohndorf, Stillwater, MN;				
<b>** CONTINUING DATA *****</b> JPD This application is a CIP of 09/670,062 09/26/2000				
<b>** FOREIGN APPLICATIONS *****</b> JPD				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 05/07/2001				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance		<b>STATE OR COUNTRY</b> MN	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 2
Verified and Acknowledged Examiner's Signature <i>James P. Oeske</i> JPD Initials		<b>INDEPENDENT CLAIMS</b> 1		
<b>ADDRESS</b> 36029				
<b>TITLE</b> Medical lead and method for electrode attachment				
<b>FILING FEE RECEIVED</b> 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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**TITLE**  
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